



**Pee Dee Medical  
Professionals Association, Inc.**

# **2024 SCHOLARSHIP APPLICATION PACKET**

**Health Scholar Awards**

**The Charlotte L. Francis, MD Legacy Scholar**

**DEADLINE: March 15, 2024**

For more information or to receive an application

visit [www.pdmpa.org](http://www.pdmpa.org) or

email: [pdmpascholarship@gmail.com](mailto:pdmpascholarship@gmail.com)



# Pee Dee Medical Professionals Association, Inc.

## 2024 SCHOLARSHIPS

Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry,  
Lee, Marion, Marlboro, Sumter, and Williamsburg counties

### HEALTH SCHOLAR Awards

#### High School Juniors & Seniors

Eligible African American students  
with an interest in healthcare  
and attending school in the  
Pee Dee region

Ten (10) merit-based awards  
with special consideration for students  
demonstrating financial need

\$500(Juniors) | \$1,000 (Seniors)

### The Charlotte L. Francis, MD Legacy Scholar

#### College/University Juniors & Seniors

Eligible African American students  
pursuing a career in medicine  
with a connection to the  
Pee Dee region

Two (2) merit-based awards  
with special consideration for students  
demonstrating financial need

\$2,000

## DEADLINE: March 15, 2024

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## Pee Dee Medical Professionals Association, Inc.

# 2024 Health Scholar High School Scholarship Application

*Open to **High School Juniors and Seniors**, a merit-based scholarship designed to encourage and increase African American students in the Pee Dee region in healthcare professions. Ideal candidates demonstrate academic excellence and community involvement.*

*Special consideration is given to applicants demonstrating financial need.*

***\$500 (Juniors) | \$1,000 (Seniors) - Multiple Awards***

### GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of School Where Currently Enrolled \_\_\_\_\_

City/State \_\_\_\_\_ Current Status: \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Cumulative Academic GPA \_\_\_\_\_ Class Ranking \_\_\_\_\_ Class Size \_\_\_\_\_

SAT score(s) \_\_\_\_\_ PSAT score(s) \_\_\_\_\_ ACT score(s) \_\_\_\_\_

### ACADEMIC GOALS

If I am a recipient of the PDMPA "Health Scholar" scholarship I will use it to:

\_\_\_\_ attend a community college      \_\_\_\_ attend a summer academic enrichment program

\_\_\_\_ attend a 4-year college/university      \_\_\_\_ other \_\_\_\_\_

Please answer the following 3 questions (Total not to exceed 300 words).

1. What are your academic goals?
2. Discuss a personal achievement that makes you proud?
3. What do you think is the most pressing issue in healthcare today?

Using the appropriate naming convention (below) in the subject section, educators and community members must send recommendations directly to [pdmpascholarship@gmail.com](mailto:pdmpascholarship@gmail.com).

### OFFICIAL TRANSCRIPT

Request an official transcript from your registrar or guidance office. An official school representative must send a certified copy of your transcript to [pdmpascholarship@gmail.com](mailto:pdmpascholarship@gmail.com).

### FINANCIAL NEED

Does your immediate family receive SNAP (Supplemental Nutrition Assistance Program) benefits?

Yes  No

Over the past 5 years, have you ever received free or reduced lunch benefits?  Yes  No

How many people live in your household, including yourself? \_\_\_\_\_

Are you a first-generation college student?  Yes  No

Do we have permission to contact your school to confirm financial need?  Yes  No

### SPECIAL CIRCUMSTANCES

Please indicate any special circumstances the Scholarship Committee should be aware of:

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### SUBMISSION & NAMING CONVENTION

- Email completed application, grades, scores and appraisal forms to [pdmpascholarship@gmail.com](mailto:pdmpascholarship@gmail.com).
- In the subject section please write the following for any materials sending:  
2024 PDMPA Scholarship – **LAST NAME, FIRST NAME** – **Item Name**  
Ex: 2024 PDMPA Scholarship – Smith, Samantha – Transcript

**AGREEMENT AND CONSENT** - I certify that the information I have supplied is complete and accurate. Information is subject to verification. In the event that any portion of the information submitted as part of this application changes following my submission, I will provide PDMPA written notification of the change as soon as possible. Notification can be submitted via email to PDMPAScholarship@gmail.com. I also understand and agree that upon submission, my application, which includes any and all supporting documents I provide, becomes the property of PDMPA and I give PDMPA permission to use my application for purposes related to determining my eligibility for the scholarship I am applying for.

I understand the funds from this scholarship must solely be used for academic purposes related to a career in healthcare and deemed appropriate by PDMPA (i.e., summer programs, books, tuition, room & board).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if Applicant under 18 years)

**STUDENT RELEASE (USE OF PHOTOGRAPHY, LIKENESS AND VIDEO)** As a parent or guardian of the student named below (the “student”), I hereby grant PDMPA the right to use, publish, duplicate, copyright and transmit the student’s image in any and all media now known or hereafter developed, through the world, in perpetuity. Further, I hereby irrevocably permit, authorize, and license PDMPA to identify the student by name and use his/her name, likeness, appearance, voice, biographical information and all materials created by or on behalf of PDMPA in perpetuity and in any medium or format whatsoever now existing or hereafter created.

Neither I nor the student shall have a right of approval, a claim to additional compensation, a right to enjoin PDMPA rights hereunder or otherwise seek injunctive relief or a claim (including defamation or invasion of privacy) for any use, alteration or distortion.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if Applicant is under 18 years)

**DEADLINE: March 15, 2024**



**Pee Dee Medical  
Professionals Association, Inc.**  
**2024 SCHOLARSHIP**  
**APPLICATION CHECK LIST**

	<b>Health Scholar Award for High School Students</b>	<b>The Charlotte L. Francis, MD Legacy Scholar for College Students</b>
Completed Application	✓	✓
Short Answer Questions	✓	✓
Appraisal Forms	2	2
Official Transcript (request)	✓	✓
Financial Need Questionnaire	✓	✓
Scores	SAT, PSAT, ACT	MCAT

**DEADLINE: March 15, 2024**

# Pee Dee Medical Professionals Association, Inc. Confidential Appraisal Form

Applicant's Name: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

The applicant has applied for an academic scholarship. Please rate the applicant by the categories below. Please forward the completed appraisal form to [PDMPAScholarship@gmail.com](mailto:PDMPAScholarship@gmail.com).

	5	4	3	2	1	0
Personality (applicant's respect for self and others)						
Academic achievement						
Community Service (assisting others, resourcefulness)						
Leadership Skills (demonstrates initiative and independence)						
Intellectual Ability(critical thinking, problem solving)						

# Pee Dee Medical Professionals Association, Inc. Confidential Appraisal Form

Appraiser's Name: \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

The applicant has applied for an academic scholarship. Please rate the applicant by the categories below. Please forward the completed appraisal form to [PDMPAScholarship@gmail.com](mailto:PDMPAScholarship@gmail.com).

	5	4	3	2	1	0
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